

Qualifying Event Process:

To be eligible to make changes to your current coverage elections a family lifestyle event must have occurred. Family lifestyle events include, but are not limited to: marriage, divorce, birth/adoption of a child, death, loss of previous coverage, etc.

You may be required to provide proof of such an event to qualify for a change in coverage. Proof may include, but is not limited to: a marriage license, divorce decree, birth certificate, death certificate, proof of loss of insurance, etc.

To report a qualifying event, log on to <https://leaguecity.benefitconnector.com/> and click the **Add** button at the bottom of the initial screen.

You are currently not in an open enrollment period.

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Indicate below the type of event, the effective date of the event, and provide details of that event such as dates of birth, and names of persons being added or dropped from specific coverages. Any changes requested are subject to verification by your HR representative and possible approval by the coverage carrier.

Event Type	Event Date	Reported	Description	Edit
You currently have no Qualifying Events				
Add		Review Elections		

Select the appropriate qualifying event from the drop-down box, provide the qualifying event date and provide a brief description of the specifics of the event. Once completed, click the Save button. If the event date is less than 30 days old, you will automatically be placed into an enrollment period:

Add Event

Qualifying Event Type
Marriage

Qualifying Event Date
04/10/2017

Description
Marriage to Sarah

Save Cancel

Make enrollment elections by clicking the **Make Election** link for each benefit.

Each enrollment screen will outline the options available and provide you an opportunity to elect any dependents you want covered if dependent coverage is allowed. If you are currently enrolled, your current elections will be pre-selected, however these elections can be changed if you desire to make a change.



Your per pay period deduction will be displayed and you have the option to update/change your election at any time during the enrollment period.

Effective Date - Jan 01, 2018

	Election	Description	Bi-Weekly Deduction
<input type="checkbox"/>	Medical	Make Election	\$0.00
<input type="checkbox"/>	Dental	Make Election	\$0.00
<input type="checkbox"/>	Vision	Make Election	\$0.00
<input type="checkbox"/>	Supplemental Life	Make Election	\$0.00
<input type="checkbox"/>	Teladoc Packaged with Medical	Make Election	\$0.00
<input type="checkbox"/>	Flexible Spending Plan May be impacted by Medical	Make Election	\$0.00



Any dependents that you want to add to your coverage can be added in the enrollment screen.

Step 1. Select Plan (Effective Date - Jan 01, 2018)

- Medical - 80% Co-Pay Plan** 
- Medical - High Deductible Health Plan** 
- Waive Medical**


Step 2. Select Dependents

Based on your selection, your coverage tier is Full Family

- Lisa Mills** **Spouse** 
- Elissa Mills** **Child** 

+ Add Dependent

Click the Add Dependent button and complete the information on the screen:


Add Family Member 

Add Family Member

First Name M.I. Last Name


Social Security Number

Relationship Gender

Date of Birth 

Lives With Employee

Provide the dependent verification information requested:

Add Family Member 

Add Family Member

Dependent Verification Information

- Adopted Child
- Handicapped Child
- Step Child
- Court Order Demands Coverage
- Eligible Through Their Employer
- Claimed On Last Tax Return
- Biological Child
- Legal Guardianship
- Other







Suggested Documents

No records found.

When enrollment has been completed, click the **View Confirmation** link to produce a confirmation statement outlining your elections

Effective Date - Jun 01, 2017

[View Confirmation](#)

	Election	Description	Bi-Weekly Deduction
	Medical	Medical - 80% Co-Pay Plan Employee & Spouse Change Elections	\$240.00
	Dental	Dental Employee & Spouse Change Elections	\$36.00
	Vision	Waived Vision Change Elections	\$0.00
	Basic Life	Basic Life & AD&D Employee Only Change Elections	\$0.00
	Supplemental Life	Supplemental Life & AD&D Employee Only Change Elections	\$1.00
	Short Term Disability	Short Term Disability Weekly Benefit: \$1,000 Change Elections	\$0.00